

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY

Tank Programs Division

1110 West Washington Street, Phoenix, Arizona 85007
(602) 771-4316 ♦ (800) 234-5677

STATE USE ONLY

Facility ID No _____
Owner ID No _____
Reviewer/s Initial _____
Data Entry Initial _____
Date Entered _____



NOTIFICATION FOR UNDERGROUND STORAGE TANKS FORM

(PLEASE TYPE OR PRINT IN BLACK INK)

1A. TYPE OF NOTIFICATION [Please check one box and describe under (1B) the specific reason(s) for this Notification]

☐ New Facility ☐ Amendment of Previous Notification ☐ Closure at a Facility

1B. DESCRIPTION:

2. OWNERSHIP INFORMATION

(Mark as appropriate)

☐ Tank Owner ☐ Property Owner ☐ Other

Owner Name:

Name of Contact Person:

Telephone/Fax Number:

Mailing Address:

City: State: Zip Code:

3. OPERATOR INFORMATION

Person or Business Name:

Name of Contact Person:

Telephone/Fax Number:

Mailing Address:

City: State: Zip Code:

4. LOCATION OF UNDERGROUND STORAGE TANK (UST) FACILITY (physical location)

Facility Name:

Street Address:

City:

AZ

Zip Code:

Contact Person's Name:

Telephone Number:

Direction to the Facility: (from the nearest City, roads, streets, highways):

5. TYPE OF OWNER (Mark all that apply)

☐ COMMERCIAL ☐ FEDERAL GOVERNMENT ☐ INDIAN COUNTRY ☐ LOCAL GOVERNMENT
☐ PRIVATE ☐ STATE GOVERNMENT ☐ OTHER (please describe) _____

6. TYPE OF FACILITY (Mark all that apply)

☐ AIRPORT ☐ FARM ☐ GAS STATION ☐ HOSPITAL
☐ INDUSTRY/FACTORY ☐ LOCAL GOVERNMENT ☐ PETROLEUM DISTRIBUTOR
☐ RESIDENTIAL ☐ RAILROAD ☐ UTILITY
☐ OTHER (Please Specify) _____

7.	UNDERGROUND STORAGE TANK SYSTEM					
	Description of System and Usage Information					
TANK IDENTIFICATION NUMBER (e.g. 1,2, 3, etc.)						
a) Compartments (1A, 1B, etc.)						
b) Date of tank installation						
c) Date tank was placed in operation						
d) Total capacity (gallons)						
e) Substance currently or last stored						
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)						
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of principal CERCLA substance						
Chemical abstract service (CAS) number						
8.	TANK					
	Material and structural arrangement (Mark all that apply)					
a. Steel Tank:	Single-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Composite (steel/fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fiberglass Tank:	Single-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Asphalt-coated steel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Unknown		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	TANK CORROSION PROTECTION					
	(Mark all that apply)					
	Cathodically protected steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Type of Cathodic Protection (Indicate if Sacrificial anode or Impressed Current)					
	Lined interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Epoxy-coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Polyethylene tank jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Additional corrosion protection not required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If tank was repaired, indicate date of repair					

10.	PRODUCT PIPING Material and construction type (Mark all that apply)												
a. Fiberglass reinforced plastic:	single-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	Double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
b. Steel:	Galvanized steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	Bare steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	Single-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	Cathodically protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	Secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
c. Flexible piping		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
d. Unknown		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
e. Other (please specify)													
11.	PRODUCT PIPING Application type (Mark only one)												
	Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	Suction – No check valve at the tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	Suction – check valve at the tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	Gravity feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	Manway to submersible pump sealed/bolted	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
	If piping was repaired, indicate date of repair												
12.	RELEASE DETECTION of TANKS/PIPING (Mark all that apply)												
		tank	pipe	tank	pipe	tank	pipe	tank	pipe	tank	pipe	Tank	Pipe
	Manual tank gauging (tanks of 550 gallons or less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tank tightness testing with manual gauging (tanks of 550 through 2000 gallons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tank tightness testing with inventory controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Automatic tank gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interstitial monitoring (double-walled tank/piping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interstitial monitoring (secondary containment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Automatic line leak detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Line tightness testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please specify other methods allowed by ADEQ (e.g. SIR)												
	EMERGENCY GENERATOR (Mark box if tank is connected to an emergency generator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13.	TANK STATUS					
Tank identification number (e.g. 1, 2, 3,etc.)						
a) Currently in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Temporary closure of tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Date of temporary closure						
2. Request to extend temporary closure beyond 12 months	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
3. Site assessment completed?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
4. Has the extension request been approved?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
5. Tank emptied to less than 1" of product?	Yes/No/NA	Yes/No/NA	Yes/No/NA	Yes/No/NA	Yes/No/NA	Yes/No/NA
6. Release detection maintained?	Yes/No/NA	Yes/No/NA	Yes/No/NA	Yes/No/NA	Yes/No/NA	Yes/No/NA
7. Cathodic protection maintained? (circle one)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
8. Date tank(s) returned to operation after temporary closure						
c) Permanent closure of tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Date the tank was last used						
2. Date of closure by removal from ground						
3. Date of closure in ground						
4. Closure site assessment completed?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
d) Change-in-Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. date of change-in-service						
2. Closure site assessment completed?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
The space below is provided for your comments and explanation:						
14.	CERTIFICATION					
I certify under penalty of State law that I have personally examined and am familiar with the information submitted in this and all attached documents and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.						
Name and Official Title of Owner or Owner's Authorized Representative		Signature		Date Signed		

15.	INSTALLATION INFORMATION & CERTIFICATION (To be completed by Certified Service Provider)					
TANK IDENTIFICATION NUMBER (e.g. 1,2,3)						
a) Spill and overfill protection						
1. Spill device installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date installed						
2. Type of Overfill device installed						
Overfill Activation Level						
Date installed						
b) Release detection installed						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date installed						
c) Corrosion protection (CP) installed						
Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Impressed Current (IC); Sacrificial Anode (SA)	IC/SA	IC/SA	IC/SA	IC/SA	IC/SA	IC/SA
Tank (T); Piping (P); Flexible Connector (FC)	T/P/FC	T/P/FC	T/P/FC	T/P/FC	T/P/FC	T/P/FC
Date Installed						
CERTIFICATION: I certify under penalty of state law that the information contained in this section is true to the best of my belief and knowledge.						
Signature		Title		Date		
Name		Company Name				
<input type="checkbox"/> INSTALLER <input type="checkbox"/> VERIFIER <input type="checkbox"/> SPILL PROTECTION <input type="checkbox"/> OVERFILL PROTECTION <input type="checkbox"/> CORROSION PROTECTION I am a Tank Service Provider Certified by ADEQ. My ADEQ Certification No. is: _____ Expires On: _____						
Signature		Title		Date		
Name		Company Name				
<input type="checkbox"/> INSTALLER <input type="checkbox"/> VERIFIER <input type="checkbox"/> SPILL PROTECTION <input type="checkbox"/> OVERFILL PROTECTION <input type="checkbox"/> CORROSION PROTECTION I am a Tank Service Provider Certified by ADEQ. My ADEQ Certification No. is: _____ Expires On: _____						
Signature		Title		Date		
Name		Company Name				
<input type="checkbox"/> INSTALLER <input type="checkbox"/> VERIFIER <input type="checkbox"/> SPILL PROTECTION <input type="checkbox"/> OVERFILL PROTECTION <input type="checkbox"/> CORROSION PROTECTION I am A Tank Service Provider Certified by ADEQ. My ADEQ Certification No. is: _____ Expires On: _____						
NOTE: Arizona Revised Statutes (A.R.S.), Title 49, Chapter 6, Section §49-1002 requires owners of underground storage tanks (USTs) to notify the Arizona Department of Environmental Quality (ADEQ) of their USTs on forms prescribed by the Department. The <u>Notification for Underground Storage Tank</u> form is designed to serve two purposes: 1) to register the USTs located at a specific facility and 2) to inform ADEQ of any changes (amendments) at an UST facility, (i.e. installation, closure, method of release detection, change in ownership or change in service). Owners and operators of USTs are required to notify ADEQ of all changes at a facility within thirty (30) days of that change.						
PENALTIES: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000.00 for each tank for which notification is not given or for which false information is submitted.						

16.

MAP AND DIAGRAM OF THE UST LOCATION

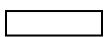
Draw or attach site map. Include buildings and major cross streets around the facility where the UST system is located. If there are no major streets/roads near the facility (in a rural areas), show the direction to the facility and approximate distance from the nearest street/road/highway or any other landmark.

Facility Street Address:

City:

Arizona (Zip Code)

Directions to the facility (in rural locations):

**N****LEGEND** – Use all symbols that apply

Tank



Piping



Fill Tube



Dispensers



Manway to Sump



Manway to Automatic Tank Gauging



3 Vent Lines

0 Vapor Monitoring



* Groundwater Monitoring